PLEASE READ THE INSTRUCTION FORM ENTITLED " <u>REQUEST FOR BIRTH OR DEATH RECORD</u>" BEFORE FILING OUT THIS APPLICATION.

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.

The registrant or a parent or legal guardian of the registrant ♦ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code ♦ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. ♦ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant ♦ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. ♦ Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

If applying in person the application must be signed in the presence of the cashier.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

AGE LAST BIRTHDAY - EDAD CUMPLIDA		NUMBER OF COPIES NUMERO DE COPIAS					FOR RECORDER USE ONLY
	М	onth/Mes	Day/	Dia	Year,	/Año	<u> </u>
Date of Birth - Fecha De Nacimiento							
NAME GIVEN AT BIRTH (first, middle , last) -NOMBRE DE NACIMIENTO (primer, s	File Number Searched						
CITY OF BIRTH - CIUDAD DE NACIMENTO							
NAME OF FATHER - NOMRE DEL PADRE	Doubled						
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE							_
RELATIONSHIP TO REGISTRANT (SEE ABOVE)							-
I certify (or the State of California that the foregoing is true an			of perj	ury un	der the la	ws of	
Date Signature							
DL/ID							_
NAME/NOMBRE							
STREET ADDRESS/NUMERO Y CALLE							
CITY / CIUDAD STATE/ESTADO	ZIP/	ZONA POSTAL		1			



COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

P.O. BOX 53120, LOS ANGELES, CALIFORNIA 90053-0120 (562) 462-2137

"Enriching Lives"

DEAN C. LOGAN ACTING REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF IDENTITY/SWORN STATEMENT - BIRTH & DEATH

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth or Death Certificate. You must be one of the following to receive an authorized copy of a birth or death record: individual named on certificate, parent, legal guardian/custodian, child, grandparent, grandchild, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency.

This certificate must be signed in the presence of a Notary.

Name	e on Certificate			Relationship					
If you are requesting	more than 3 ce	rtificates pleas	se indicate the to	tal number of certific	cates requested				
I,(Print Name)		, declare un	der penalty of pe	erjury under the laws	s of the State of				
California, that I am a and am eligible to rec					Code Section 103526(c), (s) listed above.				
Subscribed to the	day of		20 , at		,				
([Day)	(Month)		(City)	(State)				
			(Signature)						
	CERTIFICA	TE OF ACKN		 T					
STATE OF CALIFOR	ONIA \								
STATE OF CALIFOR) s	s							
County of)								
On	, before	me		perso	onally appeared				
		(In	sert name and title of office	cer here)					
		, w	ho proved to me	on the basis of sati	sfactory evidence, to be				
the person whose nai	me is subscribe	ed to the within	the instrument a	and acknowledged t	o me that he/she				
executed the same in	his/her author	ized capacity,	and that by his/h	er signature on the	instrument the person, or				
the entity upon behalf	f of which the p	erson acted, e	xecuted the inst	rument.					
, ,	·								
I certify under PENAL	TY OF PERJU	RY under the	laws of the State	of California that th	e foregoing paragraph is				
true and correct.									
			WITNESS	S my hand and officia	al seal.				
			(NOTARY	•					
			`	•					
Notary Signatu	ıre	_			R919 01/08				